STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155771	A. BUILDING _____ B. WING _____	C 01/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN UNITED METHODIST COMMUNITY RES & COM CARE	**1070 W JEFFERSON ST FRANKLIN, IN 46131**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00142230 and IN00142435. Complaint IN00142230- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00142435- Substantiated. No deficiencies related to the allegations are cited. Survey date: January 15 & 16, 2014. Facility number: 001127 Provider number: 155771 AIM number: 200247220 Survey team: Susan Worsham, RN-TC Census bed type: SNF: 26 NF:102 SNF/NF:13 RESIDENTIAL: 131 NCC:35 Total: 307 Census payor type: Medicare: 25 Medicaid: 85 Other: 197 Total: 307 Sample: 03 Franklin United Methodist Community Res & Com Care was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155771	A. BUILDING _____ B. WING _____	C 01/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 regards to the investigation of Complaint IN00142230 and IN00142435. Quality Review 01/16/14 by Lisa McColly	F 000		